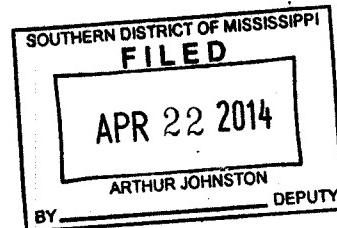


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

## IN THE UNITED STATES DISTRICT COURT

## FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

Denial of medical/malpractice - Pain and suffering  
COMPLAINTADAMS 82472  
(Last Name) (Identification Number)Fable Nathan  
(First Name) (Middle Name)E.M.C.F. / MTC  
(Institution)10641 Hwy 80 west  
(Address)(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action)

CIVIL ACTION NUMBER:

(to be completed by the Court)

3:14cv339-CWR-RK

v.  
E.M.C.F. / MTC

Derrick Edwards

O. Little

Private prison medical contractor

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
1. Parties to the action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. Docket Number: \_\_\_\_\_
  4. Name of judge to whom case was assigned: \_\_\_\_\_
  5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any.)

I. Name of plaintiff: Nathan ADAMS Prisoner Number: 82472  
 Address: 10641 Hwy 80 West - 4-A 209  
Meridian, MS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Mr. O. Little is employed as  
Medical at E.M.C.F.  
MTC / Dr. Edwards / Carl Reddix

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Nathan ADAMS ADDRESS: 10641 Hwy 80 west  
4-A 209 Meridian, MS 39307

## DEFENDANT(S):

NAME: <u>Mr. O. Little</u>	ADDRESS: <u>10641 Hwy 80 west</u>
<u>Medical Dept</u>	<u>Meridian, MS 39307</u>
<u>Bennie C. Edwards</u>	<u>10641 Hwy 80 west</u>
<u>Medical Dept</u>	<u>Meridian, MS 39307</u>
<u>Dr. Carl Reddix</u>	<u>Private Prison Medical Contractor</u>
<u>managing supervisor</u>	<u>Health Assurance, LLC</u>
	<u>5903 Ridgewood Rd, Ste #320</u>
	<u>Jackson, MS 39211</u>

### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No () , if so, state the results of the procedure:

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F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): I told them about my problem in 2012 and I had a ultrasound done in December 2012

3. State the date your claims were presented: December 2012

4. State the result of the procedure: they was treating me for the wrong problem and I am still having that same problem as of April 10 2014.

In 4-10-14 Nurse Johnson went into the computer to see did Dr. Derrick Edwards order me ANY pain medications and he did not and I-11-14 Nurse Burges told me to fill out a sick called form I told her I am not fit sen to pay another \$6.00 dollars just to see Dr. Derrick Edwards about the same problem that's been going on since 2012 and I would like for you to order them to give me copies of my medical records from 2012 PT. 1 2014 and copies of the test results from Rush hospital when I had those ultrasounds done in December 2012 and one in March 26 2014 I've been suffering with this pain for a long time I even had the mental health assessment done by Mrs. Lockett to help me try to get medical to get me something for pain they still refuse to do so and also I need the court to order the ARP's department to give me copies of all the ARP's that I have filed against medical concerning this issued I have a serious condition of illness inside of my stomach.

DATE: 4-14-14

Nathan Adams  
#82472  
4-A 209  
10641 Hwy 80 West  
Meridian, MS 39307

On 4-14-14 I talked with mrs. Lockett Health Assurance worker and I Asked her just to be sure she told me again that my test results are in the computer from March 26 2014 And ~~she~~ she Look into the computer and my test results are there and she told me that she dont see why Dr. Edwards want order me ANY pain medication or medication for my Gole STONES That are located in my stomach in different places and I had an officer to called and talked with mr. o little about my pain I am having he told her that my test results aren't in the computer and he can't order me NO pain medication nor treat for Gole STONES problems I Need you to order medical Department to give me copies of my files and copies of both of those ultrasounds even the one I did in December 2012 and March 26, 2014 and if they don't want to give them to me could you contact Rush Hospital in Meridian, ms and give them my Name Birthday 8-9-68 and Social Security Number 587-31-7540 and let them know that I had an ultrasound done on my stomach twice once in December 2012 and March 26, 2014.

### STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

When This Problem accored I filed an ARP on it and when they sent me to rush hospital for a ultra sound December 2012 and a couple of months went by I kept on complaining to medical about I am still having those Severe pains in my Stomach and they IGNORED my request for help and now on 3-26-14 I went back to rush hospital for another ultra sound and I been STILL havins pain afterward they want order me ANY pain medication they want even ANSWER my request forms telling them I NEED something for Pain.

### RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.  
I am seeking for 350,000 dollars for pain and suffering cruel unusual punishment medical mel Practice and they PAY Court cost and medical Treatment

Signed this 15<sup>th</sup> day of April 2014

Nathan ADAMS #821172  
106041 Hwy 80 west  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

4-15-14  
(Date)

Nathan ADAMS  
Signature of plaintiff